



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
99 Chauncy Street, 11th Floor, Boston, MA 02111
617-753-8000

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MPH, MD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

MEMORANDUM

TO: Acute Care Hospital Chief Executive Officers
Chief Nursing Officers
Emergency Department Directors

FROM: Deborah Allwes, BS, BSN, RN, MPH *DA*
Director, Bureau of Health Care Safety and Quality

DATE: June 3, 2015

RE: Update - Reducing Emergency Department Patient Boarding

Crowding in our Emergency Departments (EDs) continues to be a critical issue, and the purpose of this letter is to update you on the work of the Department and reiterate to hospitals the importance of implementing their Code Help plans.

The Department's goal is to eliminate ED crowding to maintain the hospitals' capacity to accept and manage new patients presenting for emergency care, which requires that hospitals move admitted patients out of the ED as quickly and safely as possible.

To make progress toward this goal, the Department continues to work with hospitals to reduce and ultimately eliminate boarding of patients in EDs in Massachusetts once the disposition status has been determined. In collaboration with the Boarding and Patient Flow Task Force (BPWTF) which is an advisory group to the Department, the Department has made significant strides in working with hospitals toward the goal of reducing and ultimately eliminating patient boarding, however, there is still progress to be made.

Regulation of ED Boarding and Code Help

Pursuant to 105 CMR 130.200, hospitals are required to meet the Centers for Medicaid and Medicare Services Conditions of Participation, which include the requirement that hospitals meet the emergency needs of patients in accordance with acceptable standards of practice (42 CFR 482.55). These conditions explicitly require coordination and communication between the ED and other hospital departments and services and physical access and immediate availability to those departments and services for ED patients within timeframes that protect health and safety. These federal regulations recognize that, in emergency care situations, the time needed to provide the patient with appropriate diagnostic care and interventions can have a significant

effect on the patient, and that delay is likely to adversely affect the health and safety of ED patients. Thus, it is also required that the hospital's medical staff establish policies and procedures governing medical care in the ED.

Code Help Policies

In 2010, the Department issued guidance in DHCQ 10-2-531, and later clarified in a July 8, 2010 memorandum, advising hospitals to update their Code Help policies, including the specified triggers for activation of the policy, a defined activation process, and a plan for regular testing.

Although the Department has not requested updated plans since that time, it is imperative that hospitals review, test and update as necessary all applicable emergency management/disaster plans and protocols on a regular basis. To protect the essential functions of the ED to assess, stabilize and care for the acutely ill or injured, such protocols should include a plan to reduce or eliminate the need for boarding patients in the ED, and to triage stable flu patients to alternate space on the hospital premises for evaluation and treatment when volume necessitates.

The Department would also like to remind hospitals that if the implementation of the Code Help Plan does not eliminate the burden of patients in the ED in a timely fashion, or if the severity of the initial situation warrants it, then the hospital must execute its appropriate emergency management/disaster plans and protocols to create additional inpatient capacity.

Additionally, if your hospital does implement its Code Help or emergency management/disaster plan, it must complete an after-action review as described below.

Code Help Policy Criteria

The Code Help policy is one focused part of a broad continuum of patient flow policies, procedures and efforts to reduce ED crowding. The specific components/criteria of an acceptable Code Help policy are defined in the DPH letters of September 25, 2009, February 25, 2010 and July 8, 2010 (links provided below) and must include:

1. Purpose - The purpose of the policy must be to move all admitted patients out of the ED within 30 minutes of activation.
2. Triggers - The policy must be activated when the ED is unable to care for existing patients in a licensed treatment space/area or is unable to accept any new patients into a licensed treatment space/area and there are admitted patients waiting in the ED for an inpatient bed. (These triggers should be clear and concise, allowing clinical staff on duty to readily identify those situations in which Code Help activation is required.)
3. Activation Process - The policy must clearly identify the chain of command for activating the policy when the trigger thresholds are reached. (This must be an efficient process, initiated by the ED, with a minimum number of required calls, notifications or steps, in order that the policy can be implemented within minutes when and if required. An alternate initiative may be implemented, such as opening an additional floor or surge unit, prior to activating Code Help, if it will off load the admitted patients from the ED in 30 minutes.)

4. Next Steps - The policy must provide that if Code Help implementation does not eliminate the burden of admitted patients in the ED in a defined time (e.g., 1-2 hours), or if the severity of the initial situation warrants, then the hospital will activate the appropriate emergency management/disaster plans and protocols to create additional inpatient capacity. (The Department does not consider re-activation of Code Help to be an adequate Next Step.)

5. Testing and Evaluation - Code Help must be tested periodically on a regular basis. Activations of the plan must be followed in a timely fashion with an after-action review, for purposes of quality improvement and refinement of each institution's Code Help plan. The Department does not collect information on plan activation but it should be retained by the hospital.

September 25, 2009: <http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2009/dhcq-0909522.pdf>

February 25, 2010: <http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2010/dhcq-1003531.pdf>

July 8, 2010: <http://www.mass.gov/eohhs/docs/dph/quality/healthcare/code-help/code-help-letter-070810.pdf>

Hospital Surveys

The Department, with the Bureau of Health Care Safety and Quality (Bureau) serving as its lead, conducts ongoing and onsite surveys in hospital EDs to review and evaluate boarding and patient flow issues. As part of the hospital survey and complaint investigation process, Department surveyors may assess boarding of admitted patients in the ED and review Code Help plans to determine if hospitals are effectively implementing their plans and developing a written after-action review. In order to assess the hospital's policy adherence, the Department may interview ED staff for awareness of the policy and when it is appropriate to implement the policy. Hospitals that fail to comply may be cited for deficiencies and be required to submit corrective action plans to the Department.

Department Initiatives - Update on Measures to Reduce Patient Boarding

The Department is committed to taking a short-term and long-term approach to the critical issue of patient boarding, including actions that would address issues specific to medical/surgical patients and actions specific to behavioral health patients. In the short-term, the Department will undertake the following actions:

- The Bureau will continue to support the work across state agencies, including the Center for Health Information and Analysis, the Health Policy Commission and the Department of Mental Health, to develop and implement strategies focused on addressing ED boarding.
- The Bureau will continue to work with the Massachusetts Hospital Association and acute care hospitals with EDs to ensure that all levels of hospital administration and clinical leadership address the challenges of boarding and patient flow in their organization.
- The Bureau recently issued an RFR and engaged a vendor to provide a completed web-based and in-person training program for assessing suicide risk aimed at clinicians in the

Emergency Department setting. The work is scheduled to be completed by June 30, 2015 by the vendor, Education Development Center of the Suicide Prevention Resource Center to complete this work. This initiative is supported by a federal grant.

- Additionally, the Bureau will work with its partners to make information on best practices on ED boarding more widely available on the internet.

Resources

Over the past several years, the Department has issued letters to hospital administrators regarding best practices for helping to reduce patient boarding in the ED and to maximize patient flow throughout the hospital. These resources can be accessed at www.mass.gov/dph/dhcq.

In the event that you or your ED staff have concerns about issues related to boarding in the emergency department, please contact the Department at 800-424-4666.

Thank you for your support in these efforts to improve patient flow and care throughout the facilities in the Commonwealth.

If you have any questions about the information in this correspondence, please contact Suzanne Cray, Director of the Office of Health Care Integration at Suzanne.Cray@state.ma.us.